

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90076 045 ***150.00

DOCUMENT # P02000116903

1. Entity Name
A.G. EXPORT, INC.



Principal Place of Business
12740 EQUESTRIAN LANE. #2901
FT MYERS FL 33907

Mailing Address
12740 EQUESTRIAN LANE. #2901
FT MYERS FL 33907

11007805



2. Principal Place of Business
12740 Equestrian Ln. #2901
Suite, Apt. #, etc.
#2901

3. Mailing Address
12740 Equestrian Ln.
Suite, Apt. #, etc.
#2901

City & State
FT. MYERS FL

City & State
FT. MYERS FL

4. FEI Number
51-0430396

Applied For
Not Applicable

Zip Country
33907 USA

Zip Country
33907 USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TAMOLE, ALFREDAS
1356 EVALENA LANE
NORTH FORT MYERS FL 33917

7. Name and Address of New Registered Agent

Name **TAMOLE, ALFREDAS**
Street Address (P.O. Box Number is Not Acceptable)
1356 EVALENA Ln.
City **North Ft. Myers FL** Zip Code **33917**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **President** **04/12/03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign/Financing Trust Fund Contribution. ☐ **\$5:00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE Vice President	<input type="checkbox"/> Delete
NAME Aretas Gegzha	
STREET ADDRESS 12740 Equestrian Ln. #2901	
CITY-ST-ZIP FL 33907, Ft. Myers	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/03 (239)826-4219
Date Daytime Phone #

CR2E034 (10/02)